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UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE



Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	LINC3176/EM
	First Named Inventor (or Identifier)	Chih-I LIN
	Total Pages	33

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: Device And System For Anchoring Tissue To Bone

- ☒ 1. Submitted herewith are the following:
- 14 pages of specification, including claims and Abstract.
9 sheets of FORMAL drawings (Figs. 1a, 1b, 2a, 2b, 3, 4a, 4b, 5a, 5b, 5c, 5d, 5e, 6).
13 claims.
1 Oath/Declaration signed by each inventor.
1 Application Data Sheet.
1 Assignment of the Invention to A-Spine Holding Group Corp., Road Town,
Tortola British Virgin Islands,
Cover Sheet, and payment of the \$40 recordal fee.
1 check in the amount of \$415 (\$375- Filing Fee; \$40- Assignment Recordation Fee).
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____, - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____, - -
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00
Total Claims:	13	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176  23364 PATENT TRADEMARK OFFICE				Multiple Dependent Claim (add \$280.00):	\$0.00
				Subtotal:	\$750.00
				50% Reduction if Small Entity Status:	\$375.00
Phone: 703-683-0500				Fax: 703-683-1080	Total: \$375.00
Date:	Name:		Signature:		Reg. No.
July 3, 2003	Eugene Mar				25,893